

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-039103

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

FILED OCT 22 1963

1. PLACE OF DEATH

a. COUNTY

BUTLER

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN

POPLAR BLUFF

Length of stay in 1b
5 DAYSc. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION

VA HOSPITAL

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

MISSOURI

b. COUNTY

SCOTT

c. CITY
OR
TOWN

SIKESTON

Inside Limits
Yes ☒ No ☐d. STREET
ADDRESS(If outside, give location)
407 BROADWAYReside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)First
LUKEMiddle
HAMILTONLast
NELSON4. DATE
OF
DEATHMonth
OCTOBERDay
9Year
19635. SEX
MALE6. COLOR OR RACE
WHITE7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐8. DATE OF BIRTH
10-4-909. AGE (last birthday)
73IF UNDER 1 YEAR
Months DaysIF UNDER 24 HR
Hours Min.10a. USUAL OCCUPATION (Give kind of work done
during most of working life, even if retired)

DRUG LINE OPERATOR

10b. KIND OF BUSINESS OR INDUSTRY
DRAG LINE OPERATOR11. BIRTHPLACE (City and state or country)
WRIGHT COUNTY, IOWA12. CITIZEN OF WHAT COUNTRY
U.S.A.

13a. FATHER'S NAME

ADDISON B. NELSON

13b. MOTHER'S MAIDEN NAME

ANNA PURSE

14. NAME OF HUSBAND OR WIFE

TRUDIE L. NELSON

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)
YES WW I

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

VA HOSPITAL RECORDS, POPLAR BLUFF, MO.

18. CAUSE OF DEATH (Enter only one cause per line
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

ABDOMINAL CARCINOMATOSIS

INTERVAL BETWEEN
ONSET AND DEATH

DUE TO (b)

ADENOCARCINOMA COLON

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒20a. ACCIDENT
☐SUICIDE
☐HOMICIDE
☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURY Hour Month, Day, Year
a.m. p.m.20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 10-4-63 to 10-9-63 and testified to his death.

Death occurred at 2:30 p. m.

on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title)

M. V. MALINOSKI, M.D., Act. Chief, Surg. Svc. VA Hospital, Poplar Bluff, Mo. 10-10-63

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION,
REMOVAL (Specify)

BURIAL

23b. DATE

10-11-63

23c. NAME OF CEMETERY OR CREMATORY

MEMORIAL PARK

23d. LOCATION (City, town, or county)

SIKESTON, Mo.

(State)

FUNERAL DIRECTOR

ADDRESS

Siikeston, Mo.

25. DATE RECD. BY LOCAL REG.

10-14-1963

26. REGISTRAR'S SIGNATURE

Thelma Malinoski

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

OCT 22 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Edward E. Mueller

Licensed Embalmer No. 4164

P. O. Address Sioux Falls, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.